

KINGDOM OF BAHRAIN

مملكة البحرين

MINISTRY OF HEALTH

وزارة الصحة

WARD/CLINIC: _____

UNIT NUMBER: _____

PATIENT: _____

AGE/DOB: _____ SEX: _____

DATE OF SURGERY: _____

OPERATIVE REPORT

SURGEON : _____ ASSISTANTS : _____

ANAESTHETIST: _____ TYPE OF ANAESTHESIA: _____

DURATION OF ANAESTHESIA: _____ START: _____ FINISH: _____

DURATION OF PROCEDURE: _____ START: _____ FINISH: _____

PRE-OPERATIVE DIAGNOSIS: _____

POST-OPERATIVE DIAGNOSIS: _____

PROCEDURE (S): _____

INCISION: _____ SPECIMEN SUBMITTED: _____ NO _____ YES _____

DRAINS: _____ NO _____ YES _____

FINDINGS:

PROCEDURE:

OPERATIVE REPORT